Pharmacy Access Office Hours

December 20, 2018

Focus Topic:

Prescriptions written by Specialists

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Webinar Logistics

We strongly recommend calling in **on your telephone**

**Phone:** 866-469-3239  
**Access Code:** 632 274 023 #

**Your Attendee ID:** Listed below the access code in the box under “Select Audio Connection”.

To ask/answer a question, or share a comment, please use the Chat box on the right hand side of the screen.

You can download these slides & two related handouts from NACHC’s 340B/ Rx webpage:


(or google “NACHC 340B pharmacy” – it should be the first link after the ads)
• Operational Updates
• Focus Topic – Prescriptions Written by Specialists
• Open Q&A

• And Comment Box discussions throughout…
Two Things NOT to Worry About

• Last week’s Court ruling re: the ACA
  • While the ACA did contain several provisions impacting 340B, it remains in effect.
  • Higher-level courts must rule before any changes might occur.

• A partial government shutdown this weekend.
  • Anyone’s guess on whether will happen.
  • Even if one does occur, both HRSA and CMS will continue operations as normal.
    • They are funded for the entire fiscal year.
Reg on Ceiling Prices & Fines on Manufacturers

• It’s going into effect on January 1, 2019!

• This will mark the first time that:
  • Penny pricing will become official HRSA policy.*
  • There will be a way to enforce manufacturer compliance with pricing rules.

* “Penny pricing” occurs when the total discounts on a drug are larger than the cost of the drug itself – which occurs only if the drug’s price increases much faster than inflation. Instead of setting a negative price for the drug, HRSA instead requires manufacturers to charge one penny per unit.
Now that the reg will be in effect, HRSA plans to open the “ceiling price database” to 340B providers on April 1, 2018.

- It will be a separate section of the Office of Pharmacy Affairs Info System (OPAIS.)

- Starting 4/1/28, 340B providers should be able to check that they are not being overcharged for 340B drugs.*

* Remember that the 340B CEILING price is not always the same as the 340B PURCHASE price, since the PURCHASE price may contain “sub-ceiling” discounts & distributor fees.
The next quarterly window to register new delivery sites and contract pharmacy arrangements with HRSA will be Jan 1-15, 2019.

Registrations made during this window will become effective starting April 1, 2019.

Whenever possible, please register your sites with HRSA during the regular two-week window at the start of the quarter. **The extended windows should be used only when absolutely necessary.**
Registering a New Contract Pharmacy?

When you register a new contract pharmacy arrangement on OPAIS, HRSA may ask you to submit the contract to ensure that it:

1. Is dated **prior** to the registration period
2. Lists all **provider and all contract pharmacy locations**, with **addresses that are** identical to those that were registered.
3. Includes **signatures** of officials from both the entity and the pharmacy.
Discriminatory Contracting Keeps Expanding

- Health Centers – and other 340B providers -- are continuing to receive contract addendums from third-party groups offering reimbursement/ fee structures that are inconsistent with Congressional intent.

- Increased awareness of this issue outside of the provider community.

- Will be central focus of FQHC-specific sessions of 340B conference in San Diego in Jan-Feb 2019.
Introducing “Noddlepod”

• An on-line platform, limited to members of the health center “family”, to discuss pharmacy and 340B-related issues.
  • Free & open to all health centers -- but as it’s not sponsored by BPHC, won’t go into details now.
  • Currently pilot testing with a small group of participants; plan to open widely next month.
  • Sign up to help pilot test at https://www.surveymonkey.com/r/97QQQN3

It’s actually noDDlepod, not nOOdlepod – but I still thought the image might help.
Looking Ahead

Next Office Hours: Thursday January 17, 2:00 – 3:00 Eastern

Focus Topic: Lessons learned from a recent 340B Audit
Speaker: Ronnah Alexander
Chief Pharmacy Officer
First Health CHC
Providence, KY
1. Neither the recent court ruling re: the ACA nor a potential government shutdown will directly impact 340B or health centers.

2. HRSA hopes to make 340B ceiling prices available to providers starting in April 2019.

3. OPAIS registration window is open Jan 1-15; closer scrutiny of contract pharmacy arrangements.

4. Discriminatory contracting keeps expanding....


6. Next month’s Office Hours – Lessons Learned from a 340B Audit.
Focus Topic: 340B eligibility of prescriptions written by specialists
• **Question:** Can a prescription written by a non-FQHC specialist be filled by a health center using 340B inventory?

• **Answer:** It depends.
  • In some circumstances, the answer is clearly “yes”.
  • In others, it is clearly “no.”
  • But there is much gray area in between the two.
    • Strong P&Ps can help flesh out some of the gray area.
Examples we’ll consider

In order from generally least risky to most risky…. 

1. FQHC refers existing patient to a specialist.
2. Existing FQHC patient self-refers to a specialist or ER.
3. New patient with an existing specialist relationship is referred to the FQHC.
4. FQHC doctor rewrites prescription written by specialist (NO!)
1. FQHC refers existing patient to specialist

Apexus addresses this situation directly in an FAQ (& NACHC expands in section of Manual, attached.)

KEY POINTS:

• Responsibility for the care that generated the referral prescription must remain with the FQHC, and

• The FQHC’s 340B policies and procedures must address how referrals are managed.
When using 340B drugs to fill referral prescriptions, FQHCs must:

- **Document:**
  - the referral to the specialist,
  - a summary of the referral visit, including Rx ordered by the referring physician – or evidence of its unsuccessful efforts to obtain this summary; and
  - the FQHC provider’s continued responsibility for the patient’s care.

- **Address in its 340B Policy and Procedures:**
  - its eligibility criteria for referral prescriptions and
  - how it documents its responsibility for care provided in a referral situation.
There is no explicit guidance on this topic – raising the question of how long prescriptions written as a result of a referral are 340B-eligible.

Each health center should develop a policy that is consistent with its circumstances and the needs of its patients.

- Should address both how long patients have to “act” on referrals, and how long refills would be 340B eligible.

See the attachment (Section 7.B.4 of the Manual) for more info and examples.
Health centers can seek to demonstrate this responsibility by:

- Including in the patient’s EMR:
  - a summary of the specialist visit, including prescriptions ordered – or evidence of unsuccessful efforts to obtain this summary; and
  - evidence of the FQHC provider’s continued responsibility for the patient’s care.
- Addressing in P&Ps how FQHC providers demonstrate responsibility for a patient’s care following a self-referral to a specialist.

Critical factor is whether the health center *retains responsibility for the patient’s care.*
Critical factor is whether the FQHC *retains responsibility for the patient’s care.*

Same rules apply – need to document a summary of the visit, evidence of continued responsibility for care, P&Ps, etc.

Unity Health Care NW gives patients a card with advice on when to go to a doctor’s office vs the emergency department. Besides helping patients, *this card helps demonstrate that patients who self-refer to the ER are doing so under Unity Care’s direction.*

A copy of the full card is in the attachments. Thank you Lisa Olson!
Example #1: A local specialist asks the FQHC to serve as the PCMH for a specific patient who needs one.

- This patient’s Rx ordered by the specialist could be 340B eligible, provided that:
  - The FQHC takes on the PCMH role for the patient; and
  - The FQHC has P&Ps in place discussing how it demonstrates responsibility for care, and adheres to them.
Example #2: A specialist group asks an FQHC to see all of its patients once per year, so that their prescriptions can be filled with 340B drugs…. 
• These patients’ Rx ordered by the specialist are NOT 340B eligible, as the FQHC is really not assuming responsibility for the patients’ care.

But this won’t always stop people from trying to convince you these arrangements are OK….
Health centers are **strongly advised against** having their providers rewrite (or co-sign) prescriptions written by non-FQHC providers (e.g., specialists) for FQHC patients.

This practice raises significant liability concerns.

Health centers should have an official policy on this issue, to demonstrate that they have considered the issue and made an official determination of their position.
1. Is there any way to get a provider referral after a prescription has been written, that will cover the prescription (initial and refills) to be filled with 340B?

2. A FQHC has multiple medical practices including family, women’s care, urgent care, etc. A patient of the Women’s Care practice is referred to a Maternal Fetal specialist and the referral & visit notes are documented in her EHR. After several specialist visits, the patient transfers out of our Women’s Care practice but remains a current patient of Family Practice.

Since the referral came out of Women’s Care, are the patient’s specialist Rx still 340B eligible once she leaves that practice?
General Q&A
1. Neither the recent court ruling re: the ACA nor a potential government shutdown will directly impact 340B or health centers.

2. HRSA hopes to make 340B ceiling prices available to providers starting in April 2019.

3. OPAIS registration window is open Jan 1-15; closer scrutiny of contract pharmacy arrangements.

4. Discriminatory contracting keeps expanding….


6. Next month’s Office Hours – Lessons Learned from a 340B Audit.
This ends BPHC-sponsored Pharmacy Access Office Hours.

Thank you for your participation!

Please contact Colleen Meiman at cmeiman@nachc.org for additional information.
Introducing “Noddlepod”

• An on-line platform, limited to members of the health center “family”, to discuss issues and share info related to pharmacy and 340B.
  • Free & open to all health centers.
  • Easy to use.
  • Currently building and pilot testing with a small group; plan is to open broadly next month.
• Sign up to help pilot test at https://www.surveymonkey.com/r/97QQQN3

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Current Contents

• **Discussions sections** – topics include:
  - Audits
  - Discriminatory contracts
  - Residency programs

• **Resources** – e.g., info on Medicaid reimbursement, NACHC Manual

• **Events** – e.g., info on upcoming Office Hours, 340B Conference

• **Peer mentoring** – offers and requests

• **News Updates** – e.g., recent regulatory developments, lobbying reports

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**Three Ways to Find the Info that’s most useful to You:**

1. Scroll down the left side to see the major **Categories** (e.g., Discussions, Events)

2. Search for specific **Tags** (e.g., Medicaid, discriminatory) – see list in upper left.

3. Sign up for **daily or weekly updates**, and scan the topics.
A VERY Important Caveat

- Access to the Noddlepod site will be limited to members of the health center “family.”
- Because it is not sponsored by BPHC, advocacy issues can be discussed on Noddlepod.
- However, we cannot guarantee that information on Noddlepod will never be made public.
- Therefore, it is important not to share information that could violate the confidentiality requirements contained in many reimbursement contracts.
Interested?

Sign up to help pilot-test at:

https://www.surveymonkey.com/r/97QQQN3